

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039538

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4338 Registrar's No. 35

FILED OCT 24 1962

VS 300
Rev. 4/59

1 0690
2 0690
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4 0
5 1
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7 0
8 2
9 4200
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11
12 86-0
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		c. CITY OR TOWN MONROE CITY	
Length of stay in 1b 1 WEEK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 621 E. CLEVELAND ST		d. STREET ADDRESS (If outside, give location) ROUTE 1	
3. NAME OF DECEASED (Type or print) First RALPH Middle HARRY Last WOODS		4. DATE OF DEATH Month OCTOBER Day 11 , Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC 29, 1885
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET)		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) RALLS COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALEXANDER WOODS		13b. MOTHER'S MAIDEN NAME MARY E. PINE	
14. NAME OF HUSBAND OR WIFE BESSIE WOODS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Ms Bessie Woods Monroe City Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH N.K.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) N. Hemiplegia		2 yrs	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MONROE CITY, MISSOURI	
21. I attended the deceased from Oct. 9, 1962 to Oct. 11, 1962 and last saw him alive on Oct. 9, 1962 Death occurred at 12.05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F.A. Barnett, M.D.		22b. ADDRESS Paris, Mo.	
22c. DATE SIGNED 10-12-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCTOBER 13, 1962	23c. NAME OF CEMETERY OR CREMATORY ST JUDES CEMETERY	
23d. LOCATION (City, town, or county) MONROE CITY, MISSOURI			
24. FUNERAL DIRECTOR Wilson & Sons Monroe City Mo		25. DATE RECD. BY LOCAL REG. Oct. 17-1962	
26. REGISTRAR'S SIGNATURE E. Bie Miller			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ME, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilcox

Licensed Embalmer No. 3014

P. O. Address MONROE CITY, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.